



Oral Health

The program is a recipient of a Centers for Disease Control (CDC) state-based infrastructure and capacity building grant, funding years 2008-2013, CDC -RFA-DP08-802. The program is to achieve eight recipient activities: program infrastructure, staffing management and support, data collection and surveillance, strategic planning – state oral health plan: partnerships and a statewide oral health coalition, coordination of two effective public health preventive interventions- school-based dental sealant programs and community water fluoridation, policy development, five-year program evaluation, collaboration with CDC funded programs. To achieve these required activities, the program has a Dental Director, Program Manager, Dental Sealant Coordinator, Epidemiologist/Evaluator, and Fluoridation Engineer, each with specific duties relating to the eight main activities.

The program has implemented an oral health surveillance system to develop a burden of oral disease document to be used to identify target populations for population based interventions and a comprehensive evaluation to measure program effectiveness.

The program is expanding partnerships and collaborations. Development of a state-wide Oral Health Coalition is occurring to strategically and tactically address the burden of oral disease and provide oral health services in concert throughout the state through the creation of an Oral Health State Plan. In conjunction with strategic planning and state plan development, the program and key stakeholders will conduct periodic assessment of policy (laws and regulations and administrative policies) and systems-level strategies (system changes).

Based on CDC recommendations and guidelines, the program manages a quality community water fluoridation program providing technical support and monitoring to ensure the delivery of optimally fluoridated water needed to achieve maximum health benefit. The program contracts with communities to initiate fluoridation and provides training and close supervision to ensure safe operation. To expand access to dental care, the program manages a state-wide school-based dental sealant program that identifies disparate populations for interventions, works with local school systems/administrators and school nurses and contracts with dental professionals and partnering with FQHCS to for program delivery. The program aims to increase the number of children served. In the FY 2010 the program will launch a web site.

Objective

By June 30, 2011, the Oral Health Program staff will implement activities and interventions to increase access to preventive dental services and decrease disparities in oral health to prevent oral diseases and promote oral health.

Performance Indicators

1. Percentage of LA population with optimally fluoridated water
2. Percentage of 3rd graders with at least one sealant on a permanent molar.
3. Number of Oral Health Program partners joining an Oral Health Program Coalition

Better Health

CDC, through its work with ASTDD, state oral health programs, and national experts, has established eight components essential to developing infrastructure and capacity of state oral health program. State programs should follow the ASTDD Guidelines for State & Territorial Oral Health Programs at <http://www.astdd.org/docs/ASTDDGuidelines.pdf>. The activities required of funded states are described in Funding Opportunity Number: CDC-RFA-DP08-802, State-Based Oral Disease Prevention Programs. LA's Oral Health program is funded for 5 years, 2008-13, (no state match); grant #: 5U58DP001584-02.

Population based activities- water fluoridation and dental sealants, are evidence-based practices as stated in the *Guide to Community Preventive Services* at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5021a1.htm>. In the November 30, 2001 / 50(RR21);1-13 MMWR, a task force strongly recommended community water fluoridation and school-based or school-linked pit and fissure sealant delivery programs for the prevention and control of dental caries. A study on water fluoridation and Medicaid-costs reported in the MMWR September 03, 1999 / 48(34);753-757 issue by the Louisiana Department of Health and Hospitals (LDHH) and CDC analyzed Medicaid dental reimbursements and Medicaid-eligibility records from July 1995 through June 1996 for children aged 1-5 years to determine whether the average treatment cost for Medicaid-eligible children in Louisiana differed by community fluoridation status. Findings suggest that Medicaid-eligible children in communities without fluoridated water were three times more likely than Medicaid-eligible children in communities with fluoridated water to receive dental treatment in a hospital operating room, and the cost of dental treatment per eligible child was approximately twice as high. The State now has issued a mandate to water systems with 5,000 or more service connections to initiate community water fluoridation.

The program address two keys to improving the oral health of LA: increasing access to care to reduce disparities, and increasing evidence based population prevention interventions, dental

sealants and water fluoridation, to reduce the prevalence of caries. The need is great in all populations. In 2008, the program conducted a Basic Screening Survey that indicated 41.9% of children screened had untreated dental caries; 65.7% had previous caries experience; only 33.2% had dental sealants; and 42.7% had to be referred for treatment. The *Healthy People 2010 (HP2010)* objective for dental sealants states that 50% of children should have sealants on their permanent molars. Medicaid claims data for the federal fiscal year 2007 and 2008 show that less than one-third of Medicaid-eligible children in Louisiana received dental services. According to the Behavioral Risk Factor Surveillance System (LA 2008), 54.7% of LA residents with an annual income of less than \$15,000/year did not visit a dentist; whites were more likely than blacks to visit a dentist; 23.2% of the 65 and older population had all of their natural teeth extracted. Only 41% of LA's population benefits from community water fluoridation as compared to 69.2% percent of the United States. This is well below the *HP2010* objective of 75%. The CDC grant is for five years with no matching funding. The activities of the grant associated with partner and coalition building, strategic planning and surveillance will result in increasing the program's ability to leverage and maximize resources that will extend beyond the grant funding years. The program partners and collaborates with stakeholders representing medical and dental professionals, state agencies internal and external to DHH, state and local level NGOs, local governments and school systems, and program consumers. The Coalition and State Plan will help to expand the stakeholder base and increase the visibility of the oral health problem in LA.